## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

2001 093 3

CLAIMS AS FILED - PAR (Column 1)								SMALL ENTITY		OTHER THAN		
TOTAL CLAIMS			(Column 1)		(COIU	(Column 2)		TYPE		OR 1	SMALL	
			16					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			Z minus 3 =					X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT		· ·		٠	+135=	_	OR	+270=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	" in column 2		TOTAL	355.0	OR	TOTAL	2 ( );
	C	LAIMS AS A	MENDER	) - PAR	TII			101712	4550	JOH	l	THAN
	· · · · ·	(Column 1)	MENDEL	(Colu		(Column 3)		SMALL	ENTITY	OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	linus *** TIPLE DEPENDENT		=		X40=	·	OR	X80=	
<u> </u>	TINOT PRESE	INTATION OF IM	OLITE DEI	CNDEN	CLAIIVI			+135=		OR	+270=	
								TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
_		CLAIMS	]	HIGH	IEST		lı		ADDI-	<b>l</b> i		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
M	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On		
			+135=		OR	+270=						
							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		mn 2)	(Column 3)									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
IME	Independent	*	Minus	***		=	ŀ	X40=			X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT						-	740-		OR	700=	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
•	The "Highest Num	ber Previously Pai	d For" (Total or	Independe	ent) is the	highest number	r fou	nd in the app	ropriate box	in col	umn 1.	